Department of Community Health EMS and Trauma Systems Section P.O. Box 30717 Lansing, MI 48909 (517) 241-0179

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DATA CHANGE/DUPLICATE LICENSE REQUEST

Authority: Public Act 368 of 1978, as mended.

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and are **NON-REFUNDABLE**.

Instructions: Type or print only. Sign and return this form to the address listed above. Changes will not be made unless this form is signed. Current Name on License: Last First Middle EMS License Number: Date of Birth Phone Number U. S. Social Security Number Please check the boxes below for the service you are requesting: 1. NAME CHANGE: You must attach a copy of the document legally changing your name. I request the Department to change my records due to a name change. Signature must be provided. **New Name:** (Print Clearly) Last First Middle Reason of Change: 2. **ADDRESS CHANGE:** I request the Department to change my record due to an address change. Address: City, State and Zip Code: _____ 3. **DUPLICATE LICENSE:** I have enclosed the required fee of \$10.00 for the license that I am requesting the Department to issue a duplicate for. Please check the reason why you are requesting the duplicate license: ☐ Not received Lost Stolen ☐ Destroyed Data Change You will not receive notification of the changes(s). You can check our web site after two weeks to confirm the change by selecting the "verify a license" link at http://www.michigan.gov/ems Signature: Date:

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